

*Division of Health Care Finance and Policy*

**Fiscal Year 2003**

**Inpatient Hospital  
Discharge Database  
Documentation Manual**

**Revised Version – July 20, 2004**

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General Documentation  
FY2003 Inpatient Hospital Discharge Database

**INTRODUCTION**

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2003 database.

**Section I. General Documentation**

The General Documentation for the fiscal year 2003 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

**Section II. Technical Documentation**

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662.

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**CD SPECIFICATIONS**

**Hardware Requirements:**

- \* CD ROM Device
- \* Hard Drive with 1.60 GB of space available

**CD Contents:**

\* This CD contains the “Final / Full Year” 2003 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

**File Naming Conventions:**

This CD contains self-extracting compressed files, using the file-naming convention below.

- a) “Hosp\_Inpatient\_Discharge\_2003\_L1\_zipped.exe” will expand out to “Hosp\_Inpatient\_Discharge\_2003\_L1.mdb”
- b) “Hosp\_Inpatient\_Services\_2003\_zipped.exe” will expand out to “Hosp\_Inpatient\_Services\_2003.mdb”

In the above examples, 2003 represents Hospital Fiscal Year 2003 and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

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## SECTION I. GENERAL DOCUMENTATION

### **PART A. BACKGROUND INFORMATION**

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY03 HDD Data Base
4. DRG Grouper Methodology

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**PART A. BACKGROUND INFORMATION**

**1. GENERAL DOCUMENTATION OVERVIEW**

The General Documentation consists of six sections:

**PART A. BACKGROUND INFORMATION:** Provides information on the quarterly reporting periods, the development of the FY2003 hospital case mix database, and the DRG methodology used.

**PART B. DATA:** Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2003 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

**PART C. HOSPITAL RESPONSES:** Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2003 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

**PART D. CAUTIONARY USE HOSPITALS:** Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

**PART E. HOSPITALS SUBMITTING DATA:** Lists all hospitals submitting data for FY2003, and those that failed to provide any FY2003 data. Also lists hospital discharge and charge totals by quarter for data submissions.

**PART F. SUPPLEMENTARY INFORMATION:** Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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**PART A. BACKGROUND INFORMATION**

**2. QUARTERLY REPORTING PERIODS**

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2003 period, these quarterly reporting intervals were as follows:

<b>Quarter 1:</b>	<b>October 1, 2002 – December 31, 2002</b>
<b>Quarter 2:</b>	<b>January 1, 2003 – March 31, 2003</b>
<b>Quarter 3:</b>	<b>April 1, 2003 – June 30, 2003</b>
<b>Quarter 4:</b>	<b>July 1, 2003 – September 30, 2003</b>



## **PART A. BACKGROUND INFORMATION**

### **3. DEVELOPMENT OF THE FISCAL YEAR 2003 DATABASE**

In 2001, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database.

Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2003 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

<b>LEVEL I</b>	Contains all case mix data elements, except the deniable data elements
<b>LEVEL II</b>	Contains all Level I data elements, plus the UPN
<b>LEVEL III</b>	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
<b>LEVEL IV</b>	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
<b>LEVEL V</b>	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
<b>LEVEL VI</b>	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

## **PART A. BACKGROUND INFORMATION**

### **4. DRG GROUPERS:**

All Patient DRG Groupers (3M AP-DRG Versions 12.0, 14.1, 18.0)  
All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population. For the past several years, both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 were included in the database. The purpose of providing these two groupers on the database was to allow consistency for data users of previously released databases that contain the AP-V8.1 and AP-V12.0.

As of fiscal year-end 2001, the Division began to use 3M's AP-DRG V12.0, V14.1, and V18.0 groupers with the database. AP-DRG Version 8.1 has been discontinued and the most current 3M AP-DRG Version 18.0 Grouper was added to the database. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, and 18.0 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers V12.0, V14.1, and V18.0.

#### **DRGs and the Verification Report Process**

The hospital's profile of discharges, grouped by AP-DRG 12.0, AP-DRG 14.1, and AP-DRG 18.0, is part of the verification report and it is this grouped profile on which the hospitals commented.

## **PART A. BACKGROUND INFORMATION**

### **4. DRG GROUPERS - Continued:**

#### **All Patient Refined Grouper (3M APR-DRG 15.0)**

As of FY1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Database. The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 15.0 is the most current and year-2000 compliant version of the APR Grouper. This version (15.0) has replaced the previously used APR V12.0 for grouping the HDD patient data.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

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**DRG Groupers:**

***All Patient Refined Grouper V. 15.0 - Continued***

The Division's FY 2003 Discharge Database contains the **APR- DRG 15.0, the APR-MDC 15.0, the severity subclass, and the mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR – V15 Severity Level**".<sup>1</sup> For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR – V15 Mortality Level**".

All three groupers, versions 12.0, 14.1, 18.0, and the All Patient Refined Version 15.0 are included in the FY2003 Hospital Discharge Database.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG Groupers included in the database. These are available upon request.

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<sup>1</sup> Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in the database.

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**PART B. DATA**

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

**PART B. DATA**

**1. DATA QUALITY STANDARDS**

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

**Type A:        One error per discharge causes rejection of discharge.**

**Type B:        Two errors per discharge causes rejection of discharge.**

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

**Verification Report Process**

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

**PART B. DATA**

**1. DATA QUALITY STANDARDS**

**Verification Report Process – Continued**

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

**“A” Response:** By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

**“B” Response:** By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

**Note:** The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax #617-727-7662.

**PART B. DATA**

**2. GENERAL DEFINITIONS**

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

**Case Mix Data**

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

**Charge Data**

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

**Ancillary Services**

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00.

Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

**Routine Services**

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

**Special Care Units**

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

**Leave of Absence Days**

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.



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**PART B. DATA**

**3. GENERAL DATA CAVEATS**

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's tape;
- Non-comparability of data collection and reporting.

**Case Mix Data**

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

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**PART B. DATA**

**3. GENERAL DATA CAVEATS - Continued**

**Charge Data**

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their tape within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

**Expanded Data Elements**

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

**a. Existing Data Elements**

**DPH Hospital ID Number**

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III).

**Patient Race**

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

**Leave of Absence (LOA) Days**

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

**Principal External Cause of Injury Code**

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

**Unique Physician Number (UPN)**

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

## **PART B. DATA**

### **4. SPECIFIC DATA ELEMENTS**

#### **a. Existing Data Elements - *Continued***

##### **Payer Codes**

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

A complete listing of Payer types and sources can be found in this manual under Part F. Supplementary Information.

##### **Source of Admission**

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as “Direct Physician Referral” (versus calling a health plan for an HMO Referral or Direct Health Plan Referral). “Clinic Referral” was separated into “Within Hospital Clinic Referral” and “Outside Hospital Clinic Referral”. And “Emergency Room Transfer” was further delineated to include “Outside Hospital Emergency Room Transfers” and “Walk-In/Self-Referrals”. (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, “Transfer from Within Hospital Emergency Room”. These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code “Transfer from Within” is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**a. Existing Data Elements - *Continued***

**Patient Disposition**

Six new discharge/transfer categories were added in January 1994 and October 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider;
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

**Accommodation and Ancillary Revenue Codes**

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

**Unique Health Identification Number (UHIN)**

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**b. New Data Elements (as of October 1, 2001)**

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

**ER Indicator**

A flag to indicate whether the patient was admitted from the hospital's emergency department.

**Observation Indicator**

A flag to indicate whether the patient was admitted from the hospital's outpatient observation department.

**New Payer Sources**

The following new payer sources were added as of October 1, 2001:

207 – Network Health (Cambridge Health Alliance MCD Program)

208 – HealthNet Boston (Boston Medical Center MCD Program)

272 – Auto Insurance

990 – Free Care – co-pay, deductible, or co-insurance (for use with #143)

**New Payer Type**

One new payer type was added – Auto Insurance (Code T – Abbreviation AI).

**c. New Data Elements (as of October 1, 1999)**

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

**Secondary Source of Admission**

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**c. New Data Elements (as of October 1, 1999) – *Continued***

**Do Not Resuscitate (DNR) Status**

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

**Mother's Social Security Number (for infants up to one year old)**

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

**Mother's Medical Record Number (for newborns born in the hospital)**

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

**Facility Site Number**

A hospital determined number used to distinguish multiple sites that fall under one Massachusetts Department of Public Health (MDPH) facility number.

**Organization ID**

A unique facility number assigned by the Division.

**Associated Diagnosis 9 – 14**

This data element has been expanded to allow for up to 14 diagnoses.

**Nurse Midwife Code for ATT and OP MD License Field**

**Other Caregiver Field**

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

**Attending, Operating, and Additional Caregiver National Provider Identifier Fields**

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

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**PART B. DATA**

**d. Important Note Regarding the Use of Race Codes**

If you have used data in previous years, you may have noted that the Race\_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-Fy2000 Inpatient data to current and future data, you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

<b>Race Code</b>	<b>Description</b>	<b>Pre-2000 Inpatient FIPA Code</b>
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

\*This format is consistent across all Division data products except pre-2000 Inpatient, and is the same format as reported to the Division.



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FY2003 Inpatient Hospital Discharge Database

**PART B. DATA**

**e. DHCFP Calculated Fields**

**Admission Sequence Number**

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.\*\*

**Days Between UHIN Stays**

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)\*\*

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the DHCFP has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN; invalid SSNs are set to “-----”.

\*\*Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

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FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

1. Summary of Hospitals' FY2003 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center		X		See comments.
2313	Berkshire Medical Center		X		See comments.
2069	Beth Israel Deaconess Medical Center		X		See comments.
2054	Beth Israel Deaconess – Needham		X		See comments.
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			
2225	Caritas Holy Family Hospital	X			

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2KGH	Caritas Norcap Lodge of Caritas Good Samaritan	X			
2114	Caritas Norwood Hospital	X			
2011	Caritas St. Anne's			X	
2085	Caritas St. Elizabeth's	X			
2139	Children's Hospital	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			See comments.
2335	Dana Farber Cancer Center	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center		X		See comments.

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FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2038	Hallmark Health – Lawrence Memorial Hospital	X			
2058	Hallmark Health – Melrose Hospital	X			
2143	Harrington Memorial Hospital		X		See comments.
2034	Health Alliance Hospitals, Inc.	X			
2036	Heywood Hospital	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2091	Kindred Hospital – Boston			X	Unable to verify data due to use of a different grouper.
2171	Kindred Hospital – North Shore			X	Unable to verify data due to use of a different grouper.
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital		X		See comments.

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2103	Marlborough Hospital	X			
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital		X		See comments.
2167	Massachusetts Eye & Ear Infirmary	X			
2168	Mass. General Hospital	X			
2149	Mercy Hospital – Springfield	X			
2131	Merrimack Valley	X			
2020	MetroWest Medical Center – Framingham	X			
2039	MetroWest Medical Center – Leonard Morse	X			
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2044	Nantucket Cottage Hospital		X		See comments.
2298	Nashoba Valley Medical Center	X			
2059	New England Baptist Hospital	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		See comments.
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2150	Providence Hospital	X			
2151	Quincy Medical Center	X			
2063	Saints Memorial Medical Center		X		See comments.
2014	Salem Hospital	X			
2107	South Shore Hospital		X		See comments.

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2003  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2337	Southcoast Health Systems – Charlton Memorial Hospital	X			
2010	Southcoast Health Systems – St. Luke's Hospital	X			
2106	Southcoast Health Systems – Tobey	X			
2128	Saint Vincent Hospital		X		See comments.
2100	Sturdy Memorial Hospital	X			
2299	Tufts New England Medical Center	X			
2841	UMass. Memorial Medical Center	X			
2073	Union Hospital	X			
2067	Waltham Hospital	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center	X			



## **PART C. HOSPITAL RESPONSES**

### **2. LIST OF ERROR CATEGORIES**

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used per Patient
- Month of Discharge
- DRGs
- Number of Procedure Codes used per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principal ECODES
- Top 20 DRGs / Rank Order
- Number of Discharges
- Top 20 MDCs / Rank Order

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY**

<b>Hospital</b>	<b>Type of Admission</b>	<b>Source of Admission</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>	<b>Payer</b>
<b>Baystate Medical Center</b>						<b>X</b>
<b>Berkshire Medical Center</b>						<b>X</b>
<b>Beth Israel Deaconess Medical Center</b>		<b>X</b>				
<b>Beth Israel Deaconess – Needham</b>		<b>X</b>				
<b>Franklin Medical Center</b>						<b>X</b>
<b>Harrington Hospital</b>		<b>X</b>				
<b>Mary Lane Hospital</b>						<b>X</b>
<b>Nantucket Cottage</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Saint Vincent Hospital</b>		<b>X</b>				<b>X</b>
<b>South Shore Hospital</b>		<b>X</b>				

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**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)**

<b>Hospital</b>	<b>Length of Stay</b>	<b>Disposition</b>	<b># Diag. Codes / Patient</b>	<b>Month of Discharge</b>	<b>DRGs</b>	<b># Proc. Codes / Patient</b>
<b>Baystate Medical Center</b>		<b>X</b>				
<b>Berkshire Medical Center</b>		<b>X</b>				
<b>Cooley-Dickinson Hospital</b>		<b>X</b>				
<b>Franklin Medical Center</b>		<b>X</b>				
<b>Mary Lane Hospital</b>		<b>X</b>				
<b>Nantucket Cottage</b>		<b>X</b>		<b>X</b>		
<b>Saint Vincent Hospital</b>		<b>X</b>				
<b>South Shore Hospital</b>		<b>X</b>				

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FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)**

<b>Hospital</b>	<b>Accommodation Charges</b>	<b>Ancillary Charges</b>	<b>Top 20 E-Codes</b>	<b>Top 20 DRGs Rank Order</b>	<b># Discharges</b>	<b>Top 20 MDCs / Rank Order</b>
<b>Lowell General</b>	<b>X</b>					
<b>Nantucket Cottage</b>				<b>X</b>		
<b>Noble Hospital</b>	<b>X</b>	<b>X</b>		<b>X</b>		
<b>Saint Vincent Hospital</b>	<b>X</b>	<b>X</b>				
<b>Saints Memorial Medical Center</b>	<b>X</b>	<b>X</b>				

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**PART C. HOSPITAL RESPONSES**

**4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2003**

<b><u>Hospital</u></b>	<b><u>Page</u></b>
Baystate Medical Center	35
Berkshire Medical Center	36
Beth Israel Deaconess Medical Center	37
Beth Israel Deaconess – Needham	38
Cooley Dickinson Hospital	39
Franklin Medical Center	40
Harrington Hospital	41
Lowell General Hospital	42
Mary Lane Hospital	43
Nantucket Cottage Hospital	44
Noble Hospital	56
Saints Memorial Medical Center	58
Saint Vincent Hospital	59
South Shore Hospital	60

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**BAYSTATE MEDICAL CENTER**

Baystate Medical Center reported two discrepancies in the areas of Payer and Patient Disposition. The hospital will ensure that future submissions include the necessary corrections.

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FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**BERKSHIRE MEDICAL CENTER**

Berkshire Medical Center reported two discrepancies in the areas of Primary Payer and Patient Disposition. Please see corrected numbers below.

<b>Payer</b>	<b>FY2003 Reported</b>	<b>FY2003 Corrected</b>
HMO	1936	982
Medicaid Managed	1170	1497

<b>Discharge Dispositions</b>	<b>FY2003 Reported</b>	<b>FY2003 Corrected</b>
Further Care – Inpt or OPD	734	0
Discharged Other	217	951

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**BETH ISRAEL DEACONESS MEDICAL CENTER**

Beth Israel Deaconess Medical Center reported one discrepancy in the area of Source of Admission.



**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**BETH ISRAEL DEACONESS - NEEDHAM**

Beth Israel Deaconess – Needham reported one discrepancy in the area of Patient Sex.

## PART C. HOSPITAL RESPONSES

### 5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

#### COOLEY DICKINSON HOSPITAL

Although Cooley Dickinson Hospital reported an “A” response, due to the implementation of a new computer system and software package, some of the records in Q3 & Q4 contain the incorrect Departure Status. The problem will be corrected in future submissions. Correct data is set forth in the table below.

#### **Quarter 3 Data**

<b>Code</b>	<b>Submitted</b>	<b>Corrected Total</b>	<b>Variance</b>
01 – Routine Discharge	1637	1512	-125
02 – Discharge/Transfer to Another Short-Term General Hospital	82	86	4
03- Discharge/Transfer to SNF	349	358	9
04 – Discharge/Transfer to ICF	5	4	-1
05 – Discharge/Transfer to another type of institution for inpatient care	47	51	4
06 – Discharge/Transfer to home under care of home health service	62	168	106
07 – Left against medical advice	7	10	3
20 – Expired or Christian Science Patient	26	26	0
Totals	2215	2215	

#### **Quarter 4 Data**

<b>Code</b>	<b>Submitted</b>	<b>Corrected Total</b>	<b>Variance</b>
01 – Routine Discharge	1626	1382	-244
02 – Discharge/Transfer to Another Short-Term General Hospital	92	88	-4
03- Discharge/Transfer to SNF	354	383	29
04 – Discharge/Transfer to ICF	0	1	1
05 – Discharge/Transfer to another type of institution for inpatient care	48	64	16
06 – Discharge/Transfer to home under care of home health service	0	197	197
07 – Left against medical advice	0	5	5
20 – Expired or Christian Science Patient	48	48	0
Totals	2168	2168	

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**FRANKLIN MEDICAL CENTER:**

Franklin Medical Center reported two discrepancies in the areas of Payer and Patient Disposition. The hospital will ensure that future submissions include the necessary corrections.

## **PART C. HOSPITAL RESPONSES**

### **5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

#### **HARRINGTON MEMORIAL HOSPITAL:**

Harrington Memorial Hospital reported one major discrepancy in the area of Source of Admission. The DHCF&P report shows a total of 1,947 patients admitted from a source “Outside Hospital ER Transfer”, while the hospital’s records indicate that these patients were admitted from a source “Within Hospital ER Transfer”.

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**LOWELL GENERAL HOSPITAL:**

Lowell General Hospital reported one discrepancy in the area of Accommodation Charges. The accommodation charges data was missing from the Q4 file. The total accommodation charges for Q4 were \$7,156,647.00.

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**MARY LANE HOSPITAL:**

Mary Lane Hospital reported discrepancies in the areas of Payer and Patient Disposition. The hospital has made changes to its feeder systems so that the FY2004 data will be accurate.

## **PART C. HOSPITAL RESPONSES**

### **5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

#### **NANTUCKET COTTAGE HOSPITAL:**

Nantucket Cottage Hospital verified that the information in the verification report was an accurate reflection of the 603 cases that were submitted. However, the hospital's census information indicated a discrepancy of 2 cases for the FY2003 total = 605.

While the number of cases was off by only 2, 21 of the newborn cases were inappropriately classified at registration. The total newborn deliveries based on discharge data was 97, not 76 as reported. No babies were born outside the hospital. The hospital cases in question had not been identified appropriately or linked in the system to the mother's record.

The hospital submitted corrected reports which appear on the following pages. The reports (listed below) contain revised quarterly case data and totals.

Source of Admission Frequency Report  
Admission Type Frequency Report  
Discharge by Age Category Frequency Report  
Patient Disposition Frequency Report  
Length of Stay Frequency Report  
Discharge Month Frequency Report  
Primary Payer Type Frequency Report  
Patient Race Frequency Report  
Routine Accommodation Information Report  
Patient Sex Frequency Report  
Special Care Accommodation Information Report  
Top 20 Principal E-Codes Frequency Report

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Source of Admission Frequency Report**

<b>Codes</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
Information Not Available	0	0	0	0	0
Direct Physician Referral	43	42	42	62	189
Normal Delivery	22	28	17	30	97
Premature Delivery	0	0	0	0	0
Sick Baby	0	0	0	1	1
Extramural Birth	0	0	0	4	4
Transfer from Acute Care Hospital	0	0	0	1	1
Outside Hospital ER Transfer	46	66	77	130	319
<b>Total</b>	<b>111</b>	<b>136</b>	<b>136</b>	<b>221</b>	<b>605</b>

**Admission Type Frequency Report**

<b>Codes</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
1 – Emergency	20	15	33	54	122
2 – Urgent	30	59	51	51	191
3 – Elective	39	34	35	87	195
4 – Newborn	22	28	17	30	97
<b>Total</b>	<b>111</b>	<b>136</b>	<b>136</b>	<b>222</b>	<b>605</b>



General Documentation  
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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Discharges by Age Category Frequency Report**

<b>Codes</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
Ages 0 – 14	28	35	22	38	123
Ages 15 – 20	2	2	7	8	19
Ages 21 – 44	29	33	36	49	147
Ages 45 – 64	14	8	19	31	72
Ages 65 – 69	0	10	1	12	23
Ages 70 – 74	4	9	6	14	33
Ages 75 – 84	24	26	26	51	127
Ages 85+	10	13	19	19	61
Total	111	136	136	222	605

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FY2003 Inpatient Hospital Discharge Database

## PART C. HOSPITAL RESPONSES

### 5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

#### NANTUCKET COTTAGE HOSPITAL:

##### **Patient Disposition Frequency Report**

<b>Codes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
01 – Discharged/Transferred to home or self-care (routine discharge)	89	100	99	175	463
02 – Discharged/Transferred to another short-term general hospital	5	5	7	15	32
03 – Discharged/Transferred to Skilled Nursing Facility (SNF)	4	8	8	6	26
04 – Discharged/Transferred to Intermediate Care Facility (ICF)	1	2	3	1	7
05 – Discharged/Transferred to another type of institution for inpatient care or referred for out	0	0	0	2	2
06 – Discharged/Transferred to home under care of organized home health service organization	3	15	8	11	37
11 – Discharged/Transferred to mental health hospital	3	0	6	3	12
13 – Discharged/Transferred to rehab hospital	1	2	0	3	6
20 – Expired (or did not recover – Christian Science Patient)	5	4	5	6	20
<b>TOTAL</b>	<b>111</b>	<b>136</b>	<b>136</b>	<b>222</b>	<b>605</b>

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Length of Stay Frequency Report**

<b>Codes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
01 Day	30	22	45	63	161
02 Days	40	45	43	63	191
03 Days	23	24	19	42	109
04 Days	6	14	14	19	53
05 Days	2	9	5	11	27
06 Days	3	8	2	5	18
07 Days	0	5	0	5	10
08 Days	2	2	0	3	7
09 Days	0	1	1	2	4
10 Days	1	3	0	2	6
11 – 19 Days	3	3	3	4	13
20 or More Days	0	0	4	2	6
Total	110	136	136	221	605

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FY2003 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Discharge Month Frequency Report**

<b>Codes</b>	<b>Total</b>
1.1 – October	36
1.2 – November	40
1.3 – December	35
2.1 – January	34
2.2 – February	39
2.3 – March	63
3.1 – April	45
3.2 – May	39
3.3 – June	52
4.1 – July	76
4.2 – August	71
4.3 – September	75
Total	605

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Primary Payer Type Frequency Report**

<b>Codes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1 – Self-Pay	5	4	10	17	36
3 – Medicare	39	57	50	94	240
4 – Medicaid	25	15	15	21	76
6 – Blue Cross	29	36	40	56	161
7 – Commercial Insurance	8	24	20	30	82
9 – Free Care	5	0	1	4	10
Total	111	136	136	222	605

**Patient Race Frequency Report**

<b>Codes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Black (2)	10	9	1	18	38
Hispanic (4)	2	12	7	4	25
Other (6)	4	1	8	2	15
White (1)	95	114	120	198	527
Total	111	136	136	222	605

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Routine Accommodation Information Report**

<b>Codes</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
(111) Medical / Surgical	Total Routine Days	202	319	361	542	1425
	% of Routine Days	68.47	68.16	82.42	76.77	
	Total Charges	201,696	348,730	399,217	604,568	1,554,211
	Charge per Day	998	1,093	1,105	1,115	
(112) Obstetrics	Total Routine Days	45	76	42	90	285
	% of Routine Days	15.25	16.24	9.59	12.75	
	Total Charges	51,561	85,783	47,040	101,295	285,679
	Charge per Day	1,145	1,128	1,120	1,125	
(170) Nursery	Total Routine Days	48	73	35	74	233
	% of Routine Days	16.27	15.60	7.99	10.48	
	Total Charges	31,140	49,233	23,289	48,984	152,646
	Charge per Day	648	674	665	661	
Total		295	468	438	706	1,943
		284,397	483,746	469,546	754,847	1,992,536

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Patient Sex Frequency Report**

<b>Codes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Female (F)	72	86	91	134	383
Male (M)	39	50	45	88	222
Total	111	136	136	222	605

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Special Care Accommodation Information Report**

<b>Codes</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
(210) Coronary Care Unit	Total Routine Days	3	1	15	24	117
	% of Routine Days	100.00	100.00	100.00	100.00	
	Total Charges	5,313	1,771	26,565	42,504	76,153
	Charge per Day	1,771	1,771	1,771	1,771	
Total		3	1	15	24	117
		5,313	1,771	26,565	42,504	76,153



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## PART C. HOSPITAL RESPONSES

### 5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

#### NANTUCKET COTTAGE HOSPITAL:

##### **Top 20 Principal E-Codes Frequency Report**

<b>Codes</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
E8859 – Fall from slipping, tripping, or stumbling	NBR of Discharges	2	4	3	7	17
	Percentage	20.00	36.36	17.65	25.93	
	Avg Length of Stay	7.00	5.75	2.33	4.86	
E8809 – Accidental fall on or from stairs or step	NBR of Discharges	0	0	2	2	4
	Percentage	0.00	0.00	11.76	7.41	
	Avg Length of Stay	0	0	15.50	6.50	
E956 – Suicide and self-inflicted injury by cutting and	NBR of Discharges	2	0	1	0	3
	Percentage	20.00	0.00	5.88	0.00	
	Avg Length of Stay	2.00	0	2.00	0	
E9331 – Antineoplastic and immunosuppressive drugs caus	NBR of Discharges	1	0	2	0	3
	Percentage	10.00	0.00	11.76	0.00	
	Avg Length of Stay	3.00	0	1.00	0	
E9502 – Suicide and self-inflicted poisoning by other s	NBR of Discharges	1	0	0	1	2
	Percentage	10.00	0.00	0.00	3.70	
	Avg Length of Stay	1.00	0	0	3.00	
E9387 – Spinal anesthetics causing adverse effect in th	NBR of Discharges	0	0	0	2	2
	Percentage	0.00	0.00	0.00	7.41	
	Avg Length of Stay	0	0	0	3.00	
E9320 – Adrenal cortical steroids causing adverse effect	NBR of Discharges	0	1	0	1	2
	Percentage	0.00	9.09	0.00	3.70	
	Avg Length of Stay	0	6.00	0	7.00	
E9308 – Other specified antibiotics causing adverse eff	NBR of Discharges	0	1	0	1	2
	Percentage	0.00	9.09	0.00	3.70	
	Avg Length of Stay	0.00	1.00	0.00	3.00	
E9289 – Unspecified accident	NBR of Discharges	0	1	0	1	2
	Percentage	0.00	9.09	0.00	3.70	
	Avg Length of Stay	0.00	3.00	0.00	2.00	
E8844 – Accidental fall from bed	NBR of Discharges	0	0	2	0	2
	Percentage	0.00	0.00	11.76	0.00	
	Avg Length of Stay	0.00	0.00	1.50	0.00	
E975 – Injury due to legal intervention by other specif	NBR of Discharges	0	0	0	1	1
	Percentage	0.00	0.00	0.00	3.70	
	Avg Length of Stay	0.00	0.00	0.00	2.00	
E9503 – Suicide and self-inflicted poisoning by tranqui	NBR of Discharges	0	0	0	1	1
	Percentage	0.00	0.00	0.00	3.70	
	Avg Length of Stay	0.00	0.00	0.00	3.00	
E9500 – Suicide and self-inflicted poisoning by analges	NBR of Discharges	0	0	1	0	1
	Percentage	0.00	0.00	5.88	0.00	
	Avg Length of Stay	0.00	0.00	1.00	0.00	
E9433 – Other cathartics, including intestinal Antonia d	NBR of Discharges	0	0	0	1	1
	Percentage	0.00	0.00	0.00	3.70	
	Avg Length of Stay	0.00	0.00	0.00	7.00	

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NANTUCKET COTTAGE HOSPITAL:**

**Top 20 Principal E-Codes Frequency Report - *Continued***

<b>Codes</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
E9426 – Other antihypertensive agents causing adverse	NBR of Discharges	0	0	0	1	1
	Percentage	0.00	0.00	0.00	3.70	
	Avg Length of Stay	0	0	0	2.00	
E9421 – Cadiotonic glycosides and drugs of similar act	NBR of Discharges	1	0	0	0	1
	Percentage	10.00	0.00	0.00	0.00	
	Avg Length of Stay	2.00	0	0	0	
E9352 – Other opiates and related narcotics causing adverse	NBR of Discharges	0	0	0	1	1
	Percentage	0.00	0.00	0.00	3.70	
	Avg Length of Stay	0	0	0	7.00	
E9342 – Anticoagulants causing adverse effect in therap	NBR of Discharges	0	1	0	0	1
	Percentage	0.00	9.09	0.00	0.00	
	Avg Length of Stay	0	2.00	0	0	
E9309 – Unspecified antibiotic causing adverse effect i	NBR of Discharges	1	0	0	0	1
	Percentage	10.00	0.00	0.00	0.00	
	Avg Length of Stay	1.00	0	0	0	
E9304 – Tetracycline group causing adverse effect in th	NBR of Discharges	0	0	1	0	1
	Percentage	0.00	0.00	5.88	0.00	
	Avg Length of Stay	0	0	1.00	0	
<b>TOTAL</b>		10	11	17	27	66

## PART C. HOSPITAL RESPONSES

### 5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

#### NOBLE HOSPITAL:

Noble Hospital reported discrepancies in the areas of Accommodation Charges, Ancillary Charges, and Top 20 DRGs/Rank Order. The discrepancies were due to adjustments made to patient charges after the tapes had been submitted. Please see the tables below.

#### **Accommodation/Ancillary Charges per DHCFP Verification Report**

Med/Surg	7,108,680.00
ICU	1,890,250.00
Pedi	-
Psychiatric	4,972,611.00
Oncology	5,146.00
Rehabilitation	4,161,386.00
Ancillary Charges	23,227,358.00
<b>Total</b>	<b>41,365,431.00</b>

#### **Meditech Reports**

Med/Surg	7,099,470.50
ICU	1,886,912.40
Pedi	-
Psychiatric	4,972,549.70
Oncology	5,143.60
Rehabilitation	4,161,359.60
Ancillary Charges	23,240,325.16
<b>Total</b>	<b>41,365,760.96</b>

#### **Variance**

Med/Surg	9,209.50
ICU	3,337.60
Pedi	-
Psychiatric	61.30
Oncology	2.40
Rehabilitation	26.40
Ancillary Charges	(12,967.16)
<b>Total</b>	<b>(329.96)</b>

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**NOBLE HOSPITAL - Continued:**

<b>Fiscal Year 2003</b>	<b>Total – DHCFP Report</b>	<b>Total - Meditech</b>	<b>Variance</b>
430	389	389	-
462	277	277	-
143	138	141	(3)
426	119	119	-
127	101	123	(22)
88	97	110	(13)
89	86	101	(15)
138	52	65	(13)
182	51	71	(20)
541	51	-	51
183	49	-	49
121	48	50	(2)
174	47	67	(20)
139	46	41	5
296	45	59	(14)
268	45	52	(7)
14	44	48	(4)
209	44	48	(4)
204	39	45	(6)
116	36	43	(7)
	1,804.00	1,849.00	(45.00)

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**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**SAINTS MEMORIAL MEDICAL CENTER:**

Saints Memorial Medical Center reported one major discrepancy in the area of patient charges, resulting from a software problem that caused the charges to double. The corrected numbers are set forth below.

<b>Quarter</b>	<b>Submitted # Discharges</b>	<b>Submitted Total Charges</b>	<b>Corrected # of Discharges</b>	<b>Corrected Total Charges</b>	<b>Variance</b>
1	1788	\$18,232,508	1787	\$18,217,657	-0.08%
2	1740	\$34,541,329	1740	\$20,031,662	-42.00%
3	1823	\$41,168,718	1823	\$20,587,379	-50.00%
4	1872	\$40,450,616	1874	\$20,251,484	-49.94%

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**SAINT VINCENT HOSPITAL:**

Saint Vincent Hospital reported discrepancies in the areas of Source of Admission, Disposition, Payer, Accommodation Charges, and Ancillary Charges.

## **PART C. HOSPITAL RESPONSES**

### **5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

#### **SOUTH SHORE HOSPITAL:**

South Shore Hospital reported discrepancies in the areas of Source of Admission, and Disposition. The hospital provided the following explanation.

##### Source of Admission:

Q1 data – Information Not Available should have been included in the Normal Delivery – 932 cases. Q1 & Q2 data – Outside Hospital Emergency Room Transfer should have been Walk-In/Self-Referral, 2,912 cases for Q1 and 2,975 cases Q2.

##### Patient Disposition Frequency Report:

Q1 data for (12) Discharge Other should have been (05).  
Discharge/Transferred to Another Type of Institution = 161 cases.

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**PART D. CAUTIONARY USE HOSPITALS**



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**PART D. CAUTIONARY USE HOSPITALS**

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. In 2001, the database file added a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

We are please to report that there are no cautionary use hospitals for FY2003. All hospitals submitted four quarters of acceptable data.

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

- 1. List of Hospitals Submitting Data for FY2003**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

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FY2003 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2003**

Anna Jaques Hospital  
Athol Memorial Hospital  
Baystate Medical Center  
Berkshire Health Systems – Berkshire Medical Center  
Beth Israel Deaconess  
Beth Israel Deaconess – Needham  
Boston Medical Center – Harrison Avenue Campus  
Brigham & Women’s Hospital  
Brockton Hospital  
Cambridge Health Alliance  
Cape Cod Hospital  
Caritas Carney Hospital  
Caritas Good Samaritan Medical Center  
Caritas Holy Family  
Caritas Norcap Lodge of Caritas Good Samaritan  
Caritas Norwood Hospital  
Caritas St. Anne’s  
Caritas St. Elizabeth’s  
Children’s Hospital  
Clinton Hospital  
Cooley-Dickinson Hospital  
Dana Farber Cancer Institute  
Emerson Hospital  
Fairview Hospital  
Falmouth Hospital  
Faulkner Hospital  
Franklin Medical Center  
Hallmark Health Systems – Lawrence Memorial  
Hallmark Health Systems – Melrose Hospital  
Harrington Memorial Hospital  
Health Alliance Hospital  
Heywood Hospital  
Holyoke Hospital  
Hubbard Regional Hospital  
Jordan Hospital  
Kindred Hospital – Boston  
Kindred Hospital – North Shore  
Lahey Clinic – Burlington  
Lawrence General Hospital  
Lowell General Hospital  
Marlborough Hospital  
Martha’s Vineyard Hospital  
Mary Lane Hospital

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FY2003 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2003 - *Continued*

Massachusetts Eye & Ear Infirmary  
Massachusetts General Hospital  
Mercy Hospital – Springfield  
Merrimack Valley Hospital  
MetroWest Medical Center – Framingham  
MetroWest Medical Center – Leonard Morse  
Milford-Whitinsville Regional Hospital  
Milton Hospital  
Morton Hospital  
Mount Auburn Hospital  
Nantucket Cottage Hospital  
Nashoba Valley Medical Center  
New England Baptist Hospital  
Newton-Wellesley Hospital  
Noble Hospital  
North Adams Regional Hospital  
Northeast Health Systems – Addison Gilbert  
Northeast Health Systems – Beverly Hospital  
Providence Hospital  
Quincy Medical Center  
Saints Memorial Medical Center  
Salem Hospital  
South Shore Medical Center  
Southcoast Health Systems – Charlton  
Southcoast Health Systems – St. Luke's  
Southcoast Health Systems – Tobey  
Saint Vincent Hospital  
Sturdy Memorial Hospital  
Tufts New England Medical Center  
UMass. Memorial Medical Center  
Union Hospital  
Waltham Hospital  
Winchester Hospital  
Wing Memorial Hospital

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

2. LIST OF HOSPITALS WITH NO DATA FOR FY2003

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2003.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2003, however, there were no cautionary use hospitals.

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER**

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Anna Jaques Hospital	2006	1909	\$19,317,195
2	Anna Jaques Hospital		1836	\$18,823,517
3	Anna Jaques Hospital		1855	\$18,061,381
4	Anna Jaques Hospital		1954	\$18,080,287
1	Athol Memorial Hospital	2226	272	\$2,847,483
2	Athol Memorial Hospital		281	\$2,785,762
3	Athol Memorial Hospital		285	\$2,901,769
4	Athol Memorial Hospital		258	\$2,683,767
1	Baystate Medical Center	2339	8732	\$144,558,493
2	Baystate Medical Center		8766	\$143,382,797
3	Baystate Medical Center		9293	\$150,325,874
4	Baystate Medical Center		9024	\$146,677,341
1	Berkshire Health Systems – Berkshire	2313	3284	\$34,748,670
2	Berkshire Health Systems – Berkshire		3306	\$35,815,390
3	Berkshire Health Systems – Berkshire		3417	\$36,793,057
4	Berkshire Health Systems – Berkshire		3415	\$39,529,274
1	Beth Israel Deaconess Medical Center	2069	9124	\$180,514,257
2	Beth Israel Deaconess Medical Center		9259	\$180,810,433
3	Beth Israel Deaconess Medical Center		9879	\$189,258,359
4	Beth Israel Deaconess Medical Center		9677	\$195,322,230
1	Beth Israel Deaconess – Needham	2054	495	\$6,043,740
2	Beth Israel Deaconess – Needham		522	\$6,539,303
3	Beth Israel Deaconess – Needham		491	\$5,899,148
4	Beth Israel Deaconess – Needham		516	\$6,405,563
1	Boston Medical Center – Harrison Ave.	2307	6937	\$91,957,715
2	Boston Medical Center – Harrison Ave.		6773	\$88,971,878
3	Boston Medical Center – Harrison Ave.		6742	\$91,938,705
4	Boston Medical Center – Harrison Ave.		7103	\$97,919,493
1	Brigham & Women's Hospital	2921	11901	\$379,532,542
2	Brigham & Women's Hospital		12165	\$381,710,014
3	Brigham & Women's Hospital		12575	\$387,559,986
4	Brigham & Women's Hospital		12779	\$393,077,496
1	Brockton Hospital	2118	3374	\$31,588,042
2	Brockton Hospital		3432	\$33,168,236
3	Brockton Hospital		3545	\$33,060,604
4	Brockton Hospital		3478	\$33,493,197

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Cambridge Health Alliance	2108	4036	\$52,528,285
2	Cambridge Health Alliance		4165	\$53,323,618
3	Cambridge Health Alliance		4471	\$55,333,922
4	Cambridge Health Alliance		4229	\$51,695,893
1	Cape Cod Hospital	2135	4042	\$41,966,932
2	Cape Cod Hospital		4003	\$43,407,469
3	Cape Cod Hospital		4268	\$46,789,811
4	Cape Cod Hospital		4547	\$49,632,379
1	Caritas Carney Hospital	2003	2123	\$23,723,006
2	Caritas Carney Hospital		2001	\$23,128,651
3	Caritas Carney Hospital		2150	\$22,885,373
4	Caritas Carney Hospital		2174	\$23,001,328
1	Caritas Good Samaritan Medical Ctr.	2101	2669	\$26,773,586
2	Caritas Good Samaritan Medical Ctr.		2741	\$28,073,220
3	Caritas Good Samaritan Medical Ctr.		2615	\$25,029,452
4	Caritas Good Samaritan Medical Ctr.		2915	\$25,267,017
1	Caritas Holy Family Hospital	2225	3472	\$31,076,770
2	Caritas Holy Family Hospital		3561	\$33,152,828
3	Caritas Holy Family Hospital		3555	\$32,612,261
4	Caritas Holy Family Hospital		3472	\$32,082,547
1	Caritas Norcap Lodge	2KGH	739	\$2,088,241
2	Caritas Norcap Lodge		752	\$2,079,831
3	Caritas Norcap Lodge		734	\$2,055,337
4	Caritas Norcap Lodge		778	\$2,148,190
1	Caritas Norwood Hospital	2114	3253	\$37,018,170
2	Caritas Norwood Hospital		3187	\$36,059,414
3	Caritas Norwood Hospital		3270	\$36,054,007
4	Caritas Norwood Hospital		3311	\$35,771,839
1	Caritas St. Anne's Hospital	2011	1343	\$19,188,006
2	Caritas St. Anne's Hospital		1578	\$21,230,664
3	Caritas St. Anne's Hospital		1485	\$21,446,974
4	Caritas St. Anne's Hospital		1447	\$22,877,807
1	Caritas St. Elizabeth's Hospital	2085	4119	\$65,273,210
2	Caritas St. Elizabeth's Hospital		4154	\$69,883,758
3	Caritas St. Elizabeth's Hospital		4317	\$69,976,823
4	Caritas St. Elizabeth's Hospital		4392	\$68,841,101
1	Children's Hospital	2139	4456	\$133,931,406
2	Children's Hospital		4459	\$121,239,155
3	Children's Hospital		4094	\$129,560,864
4	Children's Hospital		4230	\$132,184,519
1	Clinton Hospital	2126	329	\$3,453,207
2	Clinton Hospital		349	\$3,827,936
3	Clinton Hospital		356	\$3,746,050
4	Clinton Hospital		321	\$3,527,502

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Cooley Dickinson Hospital	2155	2107	\$19,360,439
2	Cooley Dickinson Hospital		2145	\$19,715,361
3	Cooley Dickinson Hospital		2215	\$19,027,925
4	Cooley Dickinson Hospital		2168	\$18,806,680
1	Dana Farber Cancer Center	2335	259	\$12,641,059
2	Dana Farber Cancer Center		232	\$11,432,689
3	Dana Farber Cancer Center		210	\$12,754,887
4	Dana Farber Cancer Center		219	\$11,003,219
1	Emerson Hospital	2018	2220	\$26,915,228
2	Emerson Hospital		2363	\$27,781,535
3	Emerson Hospital		2414	\$26,981,016
4	Emerson Hospital		2282	\$26,338,993
1	Fairview Hospital	2052	342	\$2,584,203
2	Fairview Hospital		302	\$2,527,231
3	Fairview Hospital		301	\$2,608,472
4	Fairview Hospital		322	\$2,475,250
1	Falmouth Hospital	2289	1628	\$15,654,915
2	Falmouth Hospital		1556	\$15,883,022
3	Falmouth Hospital		1445	\$14,875,654
4	Falmouth Hospital		1770	\$16,487,230
1	Faulkner Hospital	2048	1965	\$28,137,897
2	Faulkner Hospital		1993	\$31,817,909
3	Faulkner Hospital		2075	\$32,275,523
4	Faulkner Hospital		2029	\$29,928,593
1	Franklin Medical Center	2120	1299	\$13,278,580
2	Franklin Medical Center		1345	\$13,795,972
3	Franklin Medical Center		1285	\$12,567,165
4	Franklin Medical Center		1300	\$12,832,502
1	Hallmark Health – Lawrence Memorial	2038	1242	\$15,986,515
2	Hallmark Health – Lawrence Memorial		1238	\$16,125,304
3	Hallmark Health – Lawrence Memorial		1319	\$17,008,179
4	Hallmark Health – Lawrence Memorial		1263	\$16,189,622
1	Hallmark Health – Melrose Hospital	2058	2954	\$27,467,243
2	Hallmark Health – Melrose Hospital		2968	\$28,056,636
3	Hallmark Health – Melrose Hospital		2952	\$25,866,438
4	Hallmark Health – Melrose Hospital		2974	\$26,988,963
1	Harrington Memorial Hospital	2143	838	\$6,777,447
2	Harrington Memorial Hospital		957	\$7,897,298
3	Harrington Memorial Hospital		796	\$6,722,844
4	Harrington Memorial Hospital		922	\$7,395,473
1	Health Alliance Hospital	2034	2330	\$18,624,099
2	Health Alliance Hospital		2350	\$19,189,116
3	Health Alliance Hospital		2206	\$17,976,679
4	Health Alliance Hospital		2323	\$18,111,306



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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Heywood Hospital	2036	1222	\$11,646,545
2	Heywood Hospital		1362	\$13,141,815
3	Heywood Hospital		1344	\$12,714,667
4	Heywood Hospital		1335	\$13,028,020
1	Holyoke Hospital	2145	1888	\$16,173,071
2	Holyoke Hospital		1848	\$16,238,879
3	Holyoke Hospital		1819	\$15,767,405
4	Holyoke Hospital		1953	\$17,417,954
1	Hubbard Regional Hospital	2157	526	\$4,181,626
2	Hubbard Regional Hospital		550	\$4,407,043
3	Hubbard Regional Hospital		445	\$3,780,131
4	Hubbard Regional Hospital		394	\$3,514,961
1	Jordan Hospital	2082	1996	\$17,343,088
2	Jordan Hospital		2059	\$18,928,503
3	Jordan Hospital		2143	\$18,948,965
4	Jordan Hospital		2137	\$20,314,147
1	Kindred Hospital - Boston	2091	156	\$14,852,288
2	Kindred Hospital - Boston		164	\$9,286,506
3	Kindred Hospital - Boston		118	\$7,524,875
4	Kindred Hospital - Boston		67	\$5,262,939
1	Kindred Hospital – North Shore	2171	119	\$7,850,459
2	Kindred Hospital – North Shore		141	\$11,155,057
3	Kindred Hospital – North Shore		107	\$10,298,273
4	Kindred Hospital – North Shore		116	\$9,987,243
1	Lahey Clinic Burlington	2033	4629	\$76,562,079
2	Lahey Clinic Burlington		4513	\$74,882,954
3	Lahey Clinic Burlington		4732	\$78,309,053
4	Lahey Clinic Burlington		4665	\$77,693,353
1	Lawrence General Hospital	2099	2647	\$26,714,871
2	Lawrence General Hospital		2745	\$27,277,032
3	Lawrence General Hospital		2708	\$26,715,249
4	Lawrence General Hospital		2775	\$26,647,411
1	Lowell General Hospital	2040	2898	\$25,409,628
2	Lowell General Hospital		2820	\$26,197,193
3	Lowell General Hospital		3047	\$27,106,713
4	Lowell General Hospital		2961	\$17,761,869
1	Marlborough Hospital	2103	845	\$9,392,549
2	Marlborough Hospital		942	\$9,834,858
3	Marlborough Hospital		837	\$9,237,603
4	Marlborough Hospital		826	\$8,724,448
1	Martha's Vineyard Hospital	2042	217	\$1,811,272
2	Martha's Vineyard Hospital		188	\$1,899,360
3	Martha's Vineyard Hospital		168	\$1,916,209
4	Martha's Vineyard Hospital		268	\$2,614,543

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FY2003 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Mary Lane Hospital	2148	351	\$2,795,377
2	Mary Lane Hospital		373	\$3,103,340
3	Mary Lane Hospital		413	\$2,777,473
4	Mary Lane Hospital		425	\$2,709,988
1	Mass. Eye & Ear Infirmary	2167	412	\$6,025,672
2	Mass. Eye & Ear Infirmary		364	\$5,158,095
3	Mass. Eye & Ear Infirmary		392	\$5,399,697
4	Mass. Eye & Ear Infirmary		312	\$4,456,353
1	Massachusetts General Hospital	2168	11656	\$447,730,212
2	Massachusetts General Hospital		11710	\$439,729,172
3	Massachusetts General Hospital		12225	\$450,904,998
4	Massachusetts General Hospital		12219	\$453,891,826
1	Mercy Hospital - Springfield	2149	2986	\$40,220,627
2	Mercy Hospital - Springfield		3036	\$47,179,207
3	Mercy Hospital - Springfield		3050	\$46,152,851
4	Mercy Hospital - Springfield		3120	\$46,043,379
1	Merrimack Valley Hospital	2131	880	\$9,835,886
2	Merrimack Valley Hospital		921	\$10,382,801
3	Merrimack Valley Hospital		977	\$11,622,072
4	Merrimack Valley Hospital		1034	\$11,674,866
1	MetroWest Medical Ctr. - Framingham	2020	2922	\$32,874,563
2	MetroWest Medical Ctr. - Framingham		3013	\$33,399,022
3	MetroWest Medical Ctr. - Framingham		3019	\$32,890,099
4	MetroWest Medical Ctr. - Framingham		2836	\$31,910,882
1	MetroWest Med. Ctr. – Leonard Morse	2039	1401	\$21,094,934
2	MetroWest Med. Ctr. – Leonard Morse		1374	\$20,702,880
3	MetroWest Med. Ctr. – Leonard Morse		1406	\$21,467,370
4	MetroWest Med. Ctr. – Leonard Morse		1333	\$20,957,933
1	Milford-Whitinsville Regional Hospital	2105	2221	\$24,393,337
2	Milford-Whitinsville Regional Hospital		1980	\$23,928,166
3	Milford-Whitinsville Regional Hospital		2101	\$23,265,010
4	Milford-Whitinsville Regional Hospital		2033	\$23,128,420
1	Milton Hospital	2227	1016	\$9,633,399
2	Milton Hospital		1080	\$9,670,056
3	Milton Hospital		1060	\$9,791,247
4	Milton Hospital		1040	\$10,141,957
1	Morton Hospital	2022	1897	\$14,148,857
2	Morton Hospital		1835	\$14,889,524
3	Morton Hospital		1746	\$14,220,757
4	Morton Hospital		1822	\$15,150,815
1	Mount Auburn Hospital	2071	3220	\$30,061,196
2	Mount Auburn Hospital		3254	\$32,225,774
3	Mount Auburn Hospital		3377	\$33,409,174
4	Mount Auburn Hospital		3498	\$32,803,442

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FY2003 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Nantucket Cottage Hospital	2044	110	\$592,155
2	Nantucket Cottage Hospital		136	\$880,561
3	Nantucket Cottage Hospital		136	\$877,474
4	Nantucket Cottage Hospital		221	\$1,364,252
1	Nashoba Valley Hospital	2298	504	\$3,338,299
2	Nashoba Valley Hospital		528	\$4,479,365
3	Nashoba Valley Hospital		554	\$5,357,169
4	Nashoba Valley Hospital		590	\$5,581,529
1	New England Baptist Hospital	2059	1463	\$32,702,722
2	New England Baptist Hospital		1520	\$32,643,585
3	New England Baptist Hospital		1555	\$34,349,903
4	New England Baptist Hospital		1507	\$32,383,489
1	Newton-Wellesley Hospital	2075	3731	\$41,310,847
2	Newton-Wellesley Hospital		3608	\$43,614,587
3	Newton-Wellesley Hospital		3738	\$43,464,269
4	Newton-Wellesley Hospital		4003	\$46,717,072
1	Noble Hospital	2076	917	\$10,314,562
2	Noble Hospital		806	\$9,825,265
3	Noble Hospital		847	\$10,234,084
4	Noble Hospital		928	\$10,991,520
1	North Adams Regional Hospital	2061	934	\$9,584,242
2	North Adams Regional Hospital		972	\$9,950,809
3	North Adams Regional Hospital		916	\$9,848,369
4	North Adams Regional Hospital		894	\$9,572,968
1	Northeast Health – Addison Gilbert	2016	555	\$4,714,959
2	Northeast Health – Addison Gilbert		524	\$4,603,475
3	Northeast Health – Addison Gilbert		526	\$4,381,370
4	Northeast Health – Addison Gilbert		597	\$4,752,946
1	Northeast Health – Beverly	2007	3819	\$31,239,867
2	Northeast Health – Beverly		3796	\$30,252,546
3	Northeast Health – Beverly		4202	\$33,614,342
4	Northeast Health – Beverly		4102	\$31,842,619
1	Providence Hospital	2150	953	\$10,557,654
2	Providence Hospital		998	\$13,028,117
3	Providence Hospital		1043	\$11,703,413
4	Providence Hospital		1040	\$11,627,097
1	Quincy Medical Center	2151	1817	\$20,770,328
2	Quincy Medical Center		1982	\$22,957,814
3	Quincy Medical Center		2043	\$23,370,666
4	Quincy Medical Center		1953	\$22,175,914
1	Saints Memorial Medical Center	2063	1788	\$18,232,508
2	Saints Memorial Medical Center		1740	\$34,541,329
3	Saints Memorial Medical Center		1823	\$41,168,718
4	Saints Memorial Medical Center		1872	\$40,450,616

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Salem Hospital	2014	3813	\$29,413,417
2	Salem Hospital		3792	\$29,853,926
3	Salem Hospital		3992	\$31,569,187
4	Salem Hospital		3813	\$30,357,647
1	South Shore Hospital	2107	5638	\$54,567,343
2	South Shore Hospital		5660	\$57,105,304
3	South Shore Hospital		6156	\$61,752,398
4	South Shore Hospital		5768	\$57,554,314
1	Southcoast Health - Charlton	2337	3821	\$42,966,745
2	Southcoast Health - Charlton		4144	\$49,638,274
3	Southcoast Health - Charlton		4274	\$52,705,271
4	Southcoast Health - Charlton		4376	\$51,916,621
1	Southcoast – St. Luke’s	2010	4755	\$48,219,969
2	Southcoast – St. Luke’s		4949	\$51,667,602
3	Southcoast – St. Luke’s		5023	\$52,465,032
4	Southcoast – St. Luke’s		4948	\$50,037,845
1	Southcoast - Tobey	2106	1023	\$8,688,220
2	Southcoast - Tobey		1100	\$9,616,023
3	Southcoast - Tobey		1134	\$9,764,081
4	Southcoast - Tobey		1116	\$9,251,745
1	Saint Vincent Hospital	2128	5278	\$80,997,657
2	Saint Vincent Hospital		5417	\$85,672,763
3	Saint Vincent Hospital		5398	\$82,545,819
4	Saint Vincent Hospital		5428	\$79,763,094
1	Sturdy Memorial Hospital	2100	1751	\$14,376,867
2	Sturdy Memorial Hospital		1861	\$15,440,620
3	Sturdy Memorial Hospital		1863	\$16,588,437
4	Sturdy Memorial Hospital		1803	\$15,459,241
1	Tufts New England Medical Center	2299	4187	\$126,773,501
2	Tufts New England Medical Center		4148	\$137,320,129
3	Tufts New England Medical Center		4535	\$132,884,693
4	Tufts New England Medical Center		4434	\$124,920,321
1	UMass. Memorial Medical Center	2841	10112	\$183,479,477
2	UMass. Memorial Medical Center		10317	\$185,219,955
3	UMass. Memorial Medical Center		10590	\$190,931,420
4	UMass. Memorial Medical Center		10843	\$194,155,248
1	Union Hospital	2073	1687	\$18,345,652
2	Union Hospital		1767	\$20,274,680
3	Union Hospital		1662	\$19,979,647
4	Union Hospital		1692	\$19,230,902
1	Waltham Hospital	2067	1233	\$12,515,008
2	Waltham Hospital		1211	\$11,968,786
3	Waltham Hospital		1071	\$11,027,104
4	Waltham Hospital		71	\$764,924

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2003**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Winchester Hospital	2094	3491	\$20,586,705
2	Winchester Hospital		3513	\$22,236,149
3	Winchester Hospital		3659	\$22,565,770
4	Winchester Hospital		3546	\$23,044,251
1	Wing Memorial Hospital	2181	678	\$4,632,991
2	Wing Memorial Hospital		676	\$4,889,727
3	Wing Memorial Hospital		638	\$4,460,455
4	Wing Memorial Hospital		750	\$5,100,978
	<b>TOTALS</b>		<b>832,415</b>	<b>\$13,081,578,411</b>
			<b>Total Discharges</b>	<b>Total Charges</b>

**PART F. SUPPLEMENTARY INFORMATION**

**Supplement I**

Type A Errors and Type B Errors

**Supplement II**

Content of Hospital Verification Report Package

**Supplement III**

Hospital Addresses

**Supplement IV**

Hospital DPH ID, ORG ID, Hospital Service Site ID

**Supplement V**

Mergers, Name Changes, Closures, Conversions & Non-Acute Care Hospitals

**Supplement VI**

Alphabetical Source of Payment List

**Supplement VII**

Numerical Source of Payment List

**SUPPLEMENT I. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS**

**TYPE ‘A’ ERRORS:**

Record Type  
Submitter Name  
Receiver ID  
DPH Hospital Computer Number  
Type of Batch  
Period Starting Date  
Period Ending Date  
Medical Record Number  
Patient Sex  
Patient Birth Date  
Admission Date  
Discharge Date  
Primary Source of Payment  
Patient Status  
Billing Number  
Primary Payer Type  
Claim Certificate Number  
Secondary Payer Type  
Mother’s Medical Record Number  
Primary National Payer Identification Number  
Secondary National Payer Identification Number  
Revenue Code  
Units of Service  
Total Charges (by Revenue Code)  
Principal Diagnosis Code  
Associate Diagnosis Code (I – XIV)  
Number of ANDS  
Principal Procedure Code  
Significant Procedure Code I  
Significant Procedure Code II  
Significant Procedure Code III-XIV  
Physical Record Count  
Record Type 2X Count  
Record Type 3X Count  
Record Type 4X Count  
Record Type 5X Count  
Record Type 6X Count

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**SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS**

**TYPE 'A' ERRORS – Continued:**

Total Charges: Special Services  
Total Charges: Routine Services  
Total Charges: Ancillaries  
Total Charges: (ALL CHARGES)  
Number of Discharges  
Total Charges: Accommodations  
Total Charges: Ancillaries  
Submitter Employer Identification Number (EIN)  
Number of Providers on Tape  
Count of Batches  
ED Flag  
Observation Flag

**TYPE 'B' ERRORS:**

Patient Race  
Type of Admission  
Source of Admission  
Patient Zip Code  
Veteran Status  
Patient Social Security Number  
Birth Weight – grams  
Employer Zip Code  
Mother's Social Security Number  
Facility Site Number  
External Cause of Injury Code  
Attending Physician License Number  
Operating Physician License Number  
Other Caregiver  
Attending Physician National Provider Identifier (NPI)  
ATT NPI Location Code  
Operating Physician National Provider Identifier (NPI)  
Operating NPI Location Code  
Additional Caregiver National Provider Identifier  
Date of Principal Procedure  
Date of Significant Procedures (I & II)



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**SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE**

The **Hospital Verification Report\*** includes the following frequency distribution tables:

Type of Admission  
Source of Admission  
Age  
Sex  
Race  
Payer  
Length of Stay  
Disposition Status  
Number of Diagnosis Codes Used per Patient  
Number of Procedure Codes Used per Patient  
Month of Discharge  
\*DRGs  
Accommodation Charge Information  
Ancillary Charge Information  
Top 20 Principal E Codes  
Top 20 DRGs with Most Total Discharges  
MDCs listed in Rank Order Including DRG (468-470)  
MDCs listed in Rank Order Excluding DRG (468-470)

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

\*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 12.0, 14.0, and 18.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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**SUPPLEMENT III. HOSPITAL ADDRESSES**

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950	Athol Memorial Hospital 2033 Main Street Athol, MA 01331
Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116	Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201
Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Beth Israel Deaconess Medical Center – Needham 148 Chestnut Street Needham, MA 02192	Boston Medical Center – Harrison Ave. Campus 88 East Newton Street Boston, MA 02118
Brigham & Women’s Hospital 75 Francis Street Boston, MA 02115	Brockton Hospital 680 Centre Street Brockton, MA 02402
Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143	Cape Cod Hospital 27 Park Street Hyannis, MA 02601
Caritas Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124	Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301
Caritas Holy Family Hospital 70 East Street Methuen, MA 01844	Caritas Norcap Lodge of Caritas Good Samaritan 71 Walnut Avenue Foxboro, MA 02035
Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062	Caritas St. Anne’s Hospital 795 Middle Street Fall River, MA 02721

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FY2003 Inpatient Hospital Discharge Database

**SUPPLEMENT III. HOSPITAL ADDRESSES**

Caritas St. Elizabeth's Medical Center 736 Cambridge Street Brighton, MA 02135	Children's Hospital 300 Longwood Avenue Boston, MA 02115
Clinton Hospital 201 Highland Street Clinton, MA 01510	Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001
Dana Farber Cancer Center 44 Binney Street Boston, MA 02115	Emerson Hospital Route 2 Concord, NH 01742
Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230	Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540
Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130	Franklin Medical Center 164 High Street Greenfield, MA 01301
Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155	Hallmark Health Care – Melrose- Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176
Harrington Memorial Hospital 100 South Street Southbridge, MA 01550	Health Alliance Hospitals, Inc. 60 Hospital Road Leominster, MA 01453-8004
Heywood Hospital 242 Green Street Gardner, MA 01440	Holyoke Hospital 575 Beech Street Holyoke, MA 01040
Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570	Jordan Hospital 275 Sandwich Street Plymouth, MA 02360
Kindred Hospital Boston 1515 Commonwealth Avenue Boston, MA 02135	Kindred Hospital North Shore 15 King Street Peabody, MA 01960

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**SUPPLEMENT III. HOSPITAL ADDRESSES**

Lahey Clinic – Burlington Campus 41 Mall Road Burlington, MA 01805	Lawrence General Hospital One General Street Lawrence, MA 01842-0389
Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854	Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981
Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557	Mary Lane Hospital 85 South Street Ware, MA 01082
Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114
Mercy Hospital 271 Carew Street Springfield, MA 01102	Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798
MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701	MetroWest Medical Center Leonard Morse Campus 67 Union Street Natick, MA 01760
Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757	Milton Hospital 92 Highland Street Milton, MA 02186
Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780	Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238
Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554	Nashoba Valley Medical Center 200 Groton Road Ayer, MA 01432
New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120	Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162

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**SUPPLEMENT III. HOSPITAL ADDRESSES**

Noble Hospital 115 West Silver Street Westfield, MA 01086	North Adams Regional Hospital Hospital Avenue North Adams, MA 01247
Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930	Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915
Providence Hospital 1233 Main Street Holyoke, MA 01040	Quincy Medical Center 114 Whitwell Street Quincy, MA 02169
Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852	Salem Hospital 81 Highland Avenue Salem, MA 01970
South Shore Hospital 55 Fogg Road South Weymouth, MA 02190	Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720
Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740	Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571
Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703
Tufts New England Medical Center 750 Washington Street Boston, MA 02111	University of Massachusetts Memorial Health Care – Memorial Medical Center 120 Front Street Worcester, MA 01608
Union Hospital 500 Lynnfield Street Lynn, MA 01904-1424	Waltham Hospital Hope Avenue Waltham, MA 02254
Winchester Hospital 41 Highland Avenue Winchester, MA 01890	Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187

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**SUPPLEMENT IV.**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Anna Jaques Hospital	1	2006	
Athol Hospital	2	2226	
Baystate Medical Center	4	2339	
Berkshire Health Systems – Berkshire Medical Campus	7	2313	7
Berkshire Health Systems – Hillcrest Hospital Campus	9	2231	9
Beth Israel Deaconess	10	2069	
Beth Israel Deaconess – Needham	53	2054	
Boston Medical Center – Harrison Avenue Campus	16	2307	16
Boston Medical Center – East Newton Street Campus	144	2307	144
Brigham & Women's	22	2921	
Brockton Hospital	25	2118	
Cable Emergency Center	3118		
Cambridge Health Alliance – Cambridge Campus	27	2108	27
Cambridge Health Alliance – Somerville Campus	143	2108	143
Cambridge Health Alliance – Whidden Memorial Campus	142	2108	142
Cape Cod Health System – Cape Cod Hospital	39	2135	
Cape Cod health System – Falmouth Hospital	40	2289	
Caritas Carney Hospital	42	2003	
Caritas Good Samaritan Medical Center	62	2101	
Caritas Holy Family Hospital	75	2225	
Caritas Norwood Hospital	41	2114	
Caritas St. Anne's Hospital	114	2011	
Caritas St. Elizabeth's Hospital	126	2085	

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**SUPPLEMENT IV.**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Children's Hospital	46	2139	
Clinton Hospital	132	2126	
Cooley-Dickinson Hospital	50	2155	
Dana Farber Cancer Center	51	2335	
Emerson Hospital	57	2018	
Fairview Hospital	8	2052	
Faulkner Hospital	59	2048	
Franklin Medical Center	5	2120	
Hallmark Health Systems – Lawrence Memorial Campus	66	2038	
Hallmark Health Systems – Melrose Wakefield Campus	141	2058	
Harrington Memorial Hospital	68	2143	
Health Alliance Hospital	71	2034	
Heywood Hospital	73	2036	
Holyoke Hospital	77	2145	
Hubbard Regional Hospital	78	2157	
Jordan Hospital	79	2082	
Lahey Clinic – Burlington Campus	81	2033	81
Lahey Clinic – North Shore Campus	4448	2033	4448
Lawrence General Hospital	83	2099	
Lowell General Hospital	85	2040	
Marlborough Hospital	133	2103	
Martha's Vineyard Hospital	88	2042	
Mary Lane Hospital	6	2148	
Massachusetts Eye & Ear	89	2167	
Massachusetts General Hospital	91	2168	
Mercy Hospital – Springfield		2150	
Merrimack Valley Hospital	70	2131	
MetroWest – Framingham	49	2020	
MetroWest – Leonard Morse	457	2039	
Milford-Whitinsville Hospital	97	2105	
Milton Hospital	98	2227	

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**SUPPLEMENT IV.**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Morton Hospital	99	2022	
Mount Auburn Hospital	100	2071	
Nantucket Cottage	101	2044	
Nashoba Valley Community	52	2298	
New England Baptist Hospital	103	2059	
Newton Wellesley Hospital	105	2075	
Noble Hospital	106	2076	
North Adams Regional Hospital	107	2061	
Northeast – Addison Gilbert	109	2016	
Northeast – Beverly	110	2007	
Quincy Medical Center	112	2151	
Saints Memorial Medical Center	115	2063	
Salem Hospital	116	2014	
Southcoast Health Systems – Charlton Memorial	123	2337	
Southcoast Health Systems – St. Luke's	124	2010	
Southcoast Health Systems – Tobey Hospital	145	2106	
South Shore Hospital	122	2107	
Saint Vincent Hospital	127	2128	
Sturdy Memorial Hospital	129	2100	
Tufts New England Medical Center	104	2299	
UMass. Health – Memorial Hospital Campus	130	2841	130
UMass. Health – UMass. Medical Center Campus	131	2841	131
Union Hospital	3	2073	
Waltham Hospital	54	2067	
Winchester Hospital	138	2094	
Wing Memorial Hospital	139	2181	



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**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,  
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

**MERGERS**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Berkshire Medical Center Hillcrest Hosp. & Fairview Hosp.	Berkshire Health System	July 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – As of July 2001, included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Please note that Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges.	July 1996
Hallmark Health – Malden Hospital	Cambridge Health Alliance – Malden’s 42 Psych beds	April 2001 – Now Closed
Hallmark Health – Whidden Memorial Hospital	Cambridge Health Alliance – Whidden Memorial	July 2001
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield and Whidden Memorial Hospital)	Hallmark Health Systems, Inc. – As of July 2001 included just Lawrence Memorial and Melrose Wakefield	October 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November 1994

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**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,  
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**MERGERS**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October 1989
Mercy Hospital Providence Hospital	Sisters of Providence	June 1997
Leonard Morse Hospital Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1992
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	June 1996
Memorial Health Care University of Mass. Medical Center	UMass. / Memorial Medical Center	April 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July 1996

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**NAME CHANGES**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Beth Israel Hospital New England Deaconess Hospital	Beth Israel Deaconess Medical Center	
Glover Memorial Hospital Deaconess-Glover Hospital	Beth Israel Deaconess – Needham	July 2002
Boston City Hospital University Hospital	Boston Medical Center – Harrison Avenue Campus	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed.
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – now includes Cambridge, Somerville & Whidden	
Hallmark Health Systems – Malden & Whidden	Cambridge Health Alliance – Malden & Whidden	Malden now closed.
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
St. Elizabeth's Medical Center	Caritas St. Elizabeth's Medical Center	
Lawrence Memorial Hospital Melrose-Wakefield Hospital	Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	

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**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,  
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**NAME CHANGES**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Bon Secours Hospital	Holy Family Hospital	
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	
Haverhill Municipal (Hale) Hospital	Merrimack Valley Hospital	Essent Health Care purchased this facility in September 2001
Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	Nashoba Valley Hospital	January 2003
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital North Shore Children's Hospital	North Shore Medical Center - Salem	
Union Hospital	North Shore Medical Center - Union	
Quincy City Hospital	Quincy Hospital	
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	

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**NAME CHANGES**

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Clinton Hospital	UMass. Memorial – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial – Wing Memorial Hospital	
UMass. Medical Center	UMass. Memorial Medical Center	
Waltham-Weston Hospital Deaconess Waltham Hospital	Waltham Hospital	June 2002 Now closed.

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**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,  
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**CLOSURES**

<b>HOSPITAL</b>	<b>COMMENTS</b>
Amesbury Hospital	Closed.
Boston Regional Hospital	Closed.
Burbank Hospital	Closed.
Cable Emergency Center	Closed.
Goddard Hospital	Closed.
Hunt Memorial Hospital	Closed. Now outpatient services only.
Ludlow Hospital	Closed.
Lynn Hospital	Closed.
Mary Alley Hospital	Closed.
Massachusetts Osteopathic Hospital	Closed.
Medical Center of Symmes	Closed.
St. Luke's Hospital in Middleborough	Closed.
St. Margaret's Hospital for Women	Closed.
Waltham Hospital	Closed.
Worcester City Hospital	Closed.

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**CONVERSIONS & NON-ACUTE CARE HOSPITALS**

<b>HOSPITAL</b>	<b>COMMENTS</b>
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital – North Shore	Non-acute care hospital

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**SUPPLEMENT VI.**  
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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO



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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

\*\* Supplemental Payer Source

\*\*\*Please list under the specific carrier when possible

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**SUPPLEMENTAL PAYER SOURCES**  
**USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		



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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**SUPPLEMENT VII.**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

General Documentation  
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**SUPPLEMENT VII.**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**SUPPLEMENT VII.**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

General Documentation  
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**SUPPLEMENT VII.**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

\*\* Supplemental Payer Source

\*\*\* Please list under the specific carrier when possible

General Documentation  
FY2003 Inpatient Hospital Discharge Database

**SUPPLEMENT VII.**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES**  
**USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

## SECTION II. TECHNICAL DOCUMENTATION

### **PART A. CALCULATED FIELD DOCUMENTATION**

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays



## **SECTION II. TECHNICAL DOCUMENTATION**

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

**Technical Documentation included in this section of the manual is as follows:**

**Part A.        Calculated Field Documentation**

**Part B.        Data File Summary**

**Part C.        Revenue Code Mappings**

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

**PART A. CALCULATED FIELD DOCUMENTATION**

**1. AGE CALCULATION**

**A) Conventions:**

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

**B) Brief Description:**

Age is calculated by subtracting the date of birth from the admission date.

**C) Detailed Description:**

- 1) If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

**PART A. CALCULATED FIELD DOCUMENTATION**

**2. NEWBORN AGE**

**A) Conventions:**

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

**B) Brief Description:**

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

**C) Detailed Description:**

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
  - a) Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
  - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

**PART A. CALCULATED FIELD DOCUMENTATION**

**3. PREOPERATIVE DAYS**

**A) Conventions:**

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

**B) Brief Description:**

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

**C) Detailed Description:**

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

**PART A. CALCULATED FIELD DOCUMENTATION**

**4. LENGTH OF STAY (LOS) CALCULATION**

**A) Conventions:**

Same day discharges have a length of stay of 1 day.

**B) Brief Description:**

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

**C) Detailed Description:**

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero, then it is changed to a 1.

**PART A. CALCULATED FIELD DOCUMENTATION**

**5. LENGTH OF STAY (LOS) ROUTINE**

**A) Conventions:**

None.

**B) Brief Description:**

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

**PART A. CALCULATED FIELD DOCUMENTATION**

**6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT  
SEQUENCE NUMBER**

**A) Conventions:**

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**B) Brief Description:**

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

**C) Detailed Description:**

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
- 4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

**PART A. CALCULATED FIELD DOCUMENTATION**

**7. DAYS BETWEEN STAYS**

**A) Conventions:**

- 1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

**B) Brief Description:**

The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

**C) Detailed Description:**

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.



**PART A. CALCULATED FIELD DOCUMENTATION**

**7. DAYS BETWEEN STAYS (*continued*)**

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A) If the previous discharge date is greater than the current admission date; OR

B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

Technical Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

1. Discharge File Table FY2003
2. Revenue File Table FY2003
3. Data Code Tables FY2003

Technical Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using two data elements: ProviderControlID and DischargeID. ProviderControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter. DischargeID is a sequential number that identifies a specific discharge record within a specific provider submission. The combination of ProviderControlID and DischargeID identifies a unique discharge record.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

**1. DISCHARGE FILE TABLE – FY2003**

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Mass. Dept. Public Health Facility No.	4	MDPHHospNumber
4	Organization ID	4	OrgID
5	Site Number	4	SiteNumber
6	Sex of Patient	1	Sex
7	Race of Patient	1	Race
8	Patient's Employer's Zip Code	9	EmployerZipCode
9	Patient's Resident Zip Code	9	ZipCode
10	Age in Weeks for patient < 1 year	2	NewBornAge
11	Calculated Age	3	Age
12	Newborn Birth Weight (grams)	4	Birthweight
13	Veterans Status	1	VeteransStatus
14	DNR Status	1	DNRStatus
15	Nature of the patient admission	1	AdmissionType
16	Primary Source of Patient Admission	1	AdmissionSourceCode1
17	Secondary Source of Patient Admission	1	AdmissionSourceCode2
18	Outcome of Patient's Hospitalization	2	PatientStatus

Technical Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**1. DISCHARGE FILE TABLE – FY2003 - Continued**

#	Data Element	Length	Column
19	Anticipated SOURCE of Hospital Expense Reimbursement	3	PayerCode1
20	Anticipated TYPE of Hospital Expense Reimbursement	1	PrimaryPayerType
21	Secondary SOURCE of Hospital Expense Reimbursement	3	PayerCode2
22	Secondary TYPE of Hospital Reimbursement	1	SecondaryPayerType
23	Day of week patient was admitted	3	AdmissionDayOfWeek
24	Day of week patient was discharged	3	DischargeDayOfWeek
25	Calculated Length of Stay	4	LengthOfStay
26	Administratively Necessary Days	4	NumberOfANDs
27	Leave of Absence Days	4	LeaveOfAbsenceDays
28	NbrOfDiagnosisCodes	3	NumberOfDiagnosisCodes
29	NbrOfProcedureCodes	3	NumberOfProcedureCodes
30	Patient's Medical Record Number	10	MedicalRecordNumber
31	Billing Number	17	HospBillNo
32	Unique Patient Identifier	9	UHIN
33	Medicaid Claim Certificate Number	10	ClaimCertNumber
34	Patient's Birthdate	8	DOB
35	Mother's Unique Patient Identifier	9	MotherSSN
36	Mother's Medical Record Number	10	MotherMedicalRecordNumber
37	Days Between Stays	4	DaysBetweenStays
38	Re-Admission Sequence	3	UHIN_SequenceNo
39	Date of Hospital Admission	8	AdmissionDate
40	Date of Hospital Discharge	8	DischargeDate
41	Period (Quarter) Starting Date		PeriodStartingDate
42	Period (Quarter) Ending Date		PeriodEndingDate
43	Attending Physician ID	7	AttendingPhysID
44	Attending Physician NPI	8	AttendingPhysNPI
45	Attending Physician NPI Location Code	2	AttendingPhysNPILocationCode
46	Operating Physician ID	7	OperatingPhysID
47	Operating Physician NPI	8	OperatingPhysNPI
48	Operating Physician NPI Location Code	2	OperatingPhysNPILocationCode
49	Other Caregiver Code	1	OtherCareGiverCode
50	Other Caregiver NPI	8	OtherCareGiverNPI
51	Other Caregiver NPI Location Code	2	OtherCareGiverNPILocCode
52	External Cause of Injury Code	6	Ecode
53	Total Charges for Routine Accom. Revenue Centers	8	TotalChargesRoutine
54	Total Charges for Special Accom. Revenue Centers	8	TotalChargesSpecial
55	Total Charges for All Revenue Centers	10	TotalChargesAll
56	Total Charges for Ancillary Revenue Centers	8	TotalChargesAncillaries
57	Flag to indicate if discharge passed edits	1	DischargePassed
58	SubmissionPassedFlag	1	SubmissionPassedFlag
59	ED Flag		EDFlagCode
60	Outpatient Observation Stay Flag		OutpatntObsrvStayFlagCode

Technical Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**1. DISCHARGE FILE TABLE – FY2003 - Continued**

#	Data Element	Length	Column
61	Special Condition Indicator	1	SpecialConditionIndicator
62	Principal ICD-9-CM Diagnosis Code	6	DiagnosisCode1
63	Associated ICD-9-CM Diag Code I	6	DiagnosisCode2
64	Associated ICD-9-CM Diag Code II	6	DiagnosisCode3
65	Associated ICD-9-CM Diag Code III	6	DiagnosisCode4
66	Associated ICD-9-CM Diag Code IV	6	DiagnosisCode5
67	Associated ICD-9-CM Diag Code V	6	DiagnosisCode6
68	Associated ICD-9-CM Diag Code VI	6	DiagnosisCode7
69	Associated ICD-9-CM Diag Code VII	6	DiagnosisCode8
70	Associated ICD-9-CM Diag Code VIII	6	DiagnosisCode9
71	Associated ICD-9-CM Diag Code IX	6	DiagnosisCode10
72	Associated ICD-9-CM Diag Code X	6	DiagnosisCode11
73	Associated ICD-9-CM Diag Code XI	6	DiagnosisCode12
74	Associated ICD-9-CM Diag Code XII	6	DiagnosisCode13
75	Associated ICD-9-CM Diag Code XIII	6	DiagnosisCode14
76	Associated ICD-9-CM Diag Code XIV	6	DiagnosisCode15
77	Principal ICD-9 Procedure Code	7	ProcedureCode1
78	Principal Procedure Date	8	ProcedureDate1
79	Significant ICD-9 Procedure Code I	7	ProcedureCode2
80	Procedure I Date	8	ProcedureDate2
81	Significant ICD-9 Procedure II Code	7	ProcedureCode3
82	Procedure II Date	8	ProcedureDate3
83	Significant ICD-9 Procedure III Code	7	ProcedureCode4
84	Significant ICD-9 Procedure IV Code	7	ProcedureCode5
85	Significant ICD-9 Procedure V Code	7	ProcedureCode6
86	Significant ICD-9 Procedure VI Code	7	ProcedureCode7
87	Significant ICD-9 Procedure VII Code	7	ProcedureCode8
88	Significant ICD-9 Procedure VIII Code	7	ProcedureCode9
89	Significant ICD-9 Procedure IX Code	7	ProcedureCode10
90	Significant ICD-9 Procedure X Code	7	ProcedureCode11
91	Significant ICD-9 Procedure XI Code	7	ProcedureCode12
92	Significant ICD-9 Procedure XII Code	7	ProcedureCode13
93	Significant ICD-9 Procedure XIII Code	7	ProcedureCode14
94	Significant ICD-9 Procedure XIV Code	7	ProcedureCode15
95	Number of Days in hospital when FIRST procedure performed	5	PreoperativeDays1
96	Number of Days in hospital when SECOND procedure performed	5	PreoperativeDays2
97	Number of Days in hospital when THIRD procedure performed	5	PreoperativeDays3
98	V18 Major Diagnosis Group (MDC)	2	V18_MDC
99	V18 Diagnosis Related Group (DRG)	3	V18_DRG
100	V18 DRG Return Code	1	V18_ReturnCode
101	V18 First OR Procedure Code used by Grouper	7	V18_ORProcedureCode1
102	V18 Second OR Procedure Code used by Grouper	7	V18_ORProcedureCode2

Technical Documentation  
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**PART B. DATA FILE SUMMARY**

**1. DISCHARGE FILE TABLE – FY2003 - Continued**

#	Data Element	Length	Column
103	V18 Third OR Procedure Code used by grouper	7	V18_ORProcedureCode3
104	V18 First Non-OR Procedure Code used by Grouper	7	V18_NonORProcedureCode1
105	V18 Second Non-OR Procedure used by Grouper	7	V18_NonORProcedureCode2
106	V18 First Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
107	V18 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
108	V18 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V18_DiagnosisCode1
109	V18 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V18_DiagnosisCodeComplication
110	V18 Major Complication/Comorbidity Indicator	1	V18_Complication
111	V 18 Trauma Registry Indicator		V18_TraumaRegistryIndicator
112	V18 Congenital Malformation Registry Indicator		V18_CongenitalMalformationRegistryIndicator
113	V AP 12 Major Diagnosis Group	2	V12_MDC
114	V AP 12 Diagnosis Related Group (DRG)	3	V12_DRG
115	V AP 12 DRG Return Code	1	V12_ReturnCode
116	V AP 12 First OR Procedure Code used by Grouper	7	V12_ORProcedureCode1
117	V AP 12 Second OR Procedure Code used by Grouper	7	V12_ORProcedureCode2
118	V AP 12 Third OR Procedure Code used by Grouper	7	V12_ORProcedureCode3
119	V AP 12 First Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode1
120	V AP 12 Second Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode2
121	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode1
122	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode2
123	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode3
124	V AP 12 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V12_DiagnosisCodeComplications
125	V AP 12 Major Complication / Comorbidity Indicator	1	V12_Complication
126	V AP 12 Trauma Registry Indicator	1	V12_TraumaRegistryIndicator

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**PART B. DATA FILE SUMMARY**

**1. DISCHARGE FILE TABLE – FY2003 - Continued**

#	Data Element	Length	Column
127	V AP 14.1 Major Diagnosis Group (MDC)	2	V141_MDC
128	V AP 14.1 Diagnosis Related Group	3	V141_DRG
129	V AP 14.1 DRG Return Code	1	V141_ReturnCode
130	V AP 14.1 First OR Procedure Code used by Grouper	7	V141_ORProcedureCode1
131	V AP 14.1 Second OR Procedure Code used by Grouper	7	V141_ORProcedureCode2
132	V AP 14.1 Third OR Procedure Code used by Grouper	7	V141_ORProcedureCode3
133	V AP 14.1 First Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode1
134	V AP 14.1 Second Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode2
135	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode1
136	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode2
137	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode3
138	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V141_DiagnosisCodeComplication
139	V AP 14.1 Major Complication / Comorbidity Indicator		V141_Complication
140	V AP 14.1 Trauma Registry Indicator	1	V141_TraumaRegistryIndicator
141	V APR 15 Major Diagnosis Group (MDC)	2	V15_MDC
142	V APR 15 Diagnosis Related Group (DRG)	3	V15_DRG
143	V AP 15 DRG Return Code	1	V15_ReturnCode
144	V AP 15 First OR Procedure Code used by Grouper	7	V15_ORProcedureCode1
145	V AP 15 Second OR Procedure Code used by Grouper	7	V15_ORProcedureCode2
146	V AP 15 Third OR Procedure Code used by Grouper	7	V15_ORProcedureCode3
147	V AP 15 First Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode1
148	V AP 15 Second Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode2
149	V AP 15 First Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode1
150	V AP 15 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode2
151	V AP 15 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode3
152	V APR 15 Patient Severity Subclass	1	V15_Severity
153	V APR 15 patient Severity Diagnosis Buffer	30	V15_SeverityDiagnosisBuffer
154	V APR 15 Patient Mortality Subclass	1	V15_Mortality
155	V APR 15 Patient Mortality Diagnosis Buffer	30	V15_MortalityDiagnosisBuffer

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**PART B. DATA FILE SUMMARY**

**2. REVENUE FILE TABLE - FY2003**

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Revenue Code Type	3	
4	LineItem	10	
5	UB-92 Revenue Code 111	4	RevenueCode
6	Units of Service for Revenue Center 111	7	UnitsOfService
7	Charges for Revenue Center 111	10	TotalCharges



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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES**

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

**Patient Sex Codes:**

<b>* SEX CODE</b>	<b>* Patient Sex Definition</b>
M	Male
F	Female
U	Unknown

**Patient Race Codes:**

<b>* RACE CODE</b>	<b>* Patient Race Definition</b>
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

**Type of Admission Codes:**

<b>* TYPEADM CODE</b>	<b>*Type of Admission Definition</b>
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (*Continued*)**

**Source of Admission Codes:**

<b>* SRCADM CODE</b>	<b>* Source of Admission Definition</b>
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

<b>* SRCADM CODE</b>	<b>* Source of Admission Definition – Newborn Only</b>
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Patient Status Codes:**

<b>Departure Status Code</b>	<b>Departure Status Description</b>
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Payer Type Codes:**

<b>*PAYER TYPE CODE</b>	<b>Payer Type Abbreviation</b>	<b>* Payer Type Definition</b>
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (*Continued*)**

**Veteran's Status Codes:**

<b>*VESTA CODE</b>	<b>* Veterans Status Definition</b>
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

**DNR Codes:**

<b>* DNR CODE</b>	<b>Do Not Resuscitate Status Definition</b>
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

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FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Routine Accommodations:**

	Revenue Center	Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Special Care Accommodations:**

	Revenue Center	Revenue Code	Units of Service
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

Technical Documentation  
FY2003 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros



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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	Revenue Center	Revenue Code	Units of Service
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	Revenue Center	Revenue Code	Units of Service
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	Revenue Center	Revenue Code	Units of Service
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

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**PART B. DATA FILE SUMMARY**

3. **INPATIENT DATA CODE TABLES (Continued)**

**Other Caregiver Codes:**

* OTH CARE CODE	* Type of Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

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**PART C. REVENUE CODE MAPPINGS**

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**PART C. REVENUE CODE MAPPINGS**

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy  
251 General  
252 Generic Drugs  
253 Non-Generic Drugs  
254 Blood Plasma  
255 Blood-Other Components  
256 Experimental Drugs  
257 Non-Prescription  
258 IV Solution  
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies  
272 Sterile Supply  
273 Take Home Supply  
274 Prosthetic Devices  
275 Pace Maker  
277 Oxygen-Take Home  
278 Other Implants  
279 Other Devices  
290 Durable Medical Equipment  
291 Rental DME  
292 Purchase DME  
299 Other Equipment

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**PART C. REVENUE CODE MAPPINGS**

300 LABORATORY:

300 General Laboratory  
301 Chemistry  
302 Immunology  
303 Renal Patient (Home)  
304 Non-Routine Dialysis  
305 Hematology  
306 Bacteriology & Microbiology  
307 Urology  
309 Other Lab  
310 Lab-Pathological  
311 Cytology  
312 Histology  
314 Biopsy  
319 Other Path. Lab  
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General  
321 Angiocardigraph  
324 Chest X-Ray  
329 Other  
400/409 Other Imaging Services  
401 Mammography  
402 Ultrasound  
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General  
331 Chemotherapy-Inject  
332 Chemotherapy-Oral  
333 Radiation Therapy  
335 Chemotherapy-IV  
339 Other  
973 Therapeutic Radiology Professional Fees

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**PART C. REVENUE CODE MAPPINGS**

340 NUCLEAR MEDICINE:

340 General  
341 Diagnostic  
342 Therapeutic  
349 Other Nuclear Medicine  
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General  
351 Head Scan  
352 Body Scan  
359 Other

360 OPERATING ROOM:

360 General  
361 Minor Surgery  
362 Organ Transplant (except Kidney)  
367 Kidney Transplant  
369 Other  
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General  
374 Acupuncture  
379 Other  
963 Anesthesiology Professional Fees (MD)  
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General  
381 Packed Cells  
382 Whole Blood  
389 Other



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**PART C. REVENUE CODE MAPPINGS**

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General

\*\*\*391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

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**PART C. REVENUE CODE MAPPINGS**

470 AUDIOLOGY:

470 General  
471 Diagnostic  
472 Treatment  
479 Other

480 CARDIAC CATHETERIZATION:

480 General  
481 Cardiac Catheterization Lab  
482 Stress Test  
489 Other

540 AMBULANCE:

540 General  
541 Supplies  
542 Medical Treatment  
543 Heart Mobile  
544 Oxygen  
545 Air Ambulance  
549 Other

710 RECOVERY ROOM:

710 General  
719 Other

720 LABOR AND DELIVERY:

720 General  
721 Labor  
722 Delivery  
723 Circumcision  
724 Birthing Center  
729 Other

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**PART C. REVENUE CODE MAPPINGS**

730 EKG/ECG:

730 General  
731 Holter Monitor  
739 Other  
985 EKG Professional Fees

740 EEG:

740 General  
749 Other  
922 Electromyogram  
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General  
801 Inpatient Dialysis  
802 Inpatient Peritoneal (non CAPD)  
805 Training Hemodialysis  
806 Training Peritoneal Dialysis  
807 Under Arrangement In House  
808 Continuous Ambulatory Peritoneal Dialysis Training  
809 In Unit Lab-Routine  
810 Self Care Dialysis Unit  
811 Hemodialysis-Self Care  
812 Peritoneal Dialysis-Self Care  
813 Under Arrangement In House-Self Care  
814 In Unit Lab-Self-Care  
880 Miscellaneous Dialysis  
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General  
861 Monozygotic Sibling  
862 Dizygotic Sibling  
863 Genetic Parent  
864 Child  
865 Non-Relating Living  
866 Cadaver

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FY2003 Inpatient Hospital Discharge Database

**PART C. REVENUE CODE MAPPINGS**

900 PSYCHOLOGY AND PSYCHIATRY:

900 General  
901 Electroshock Treatment  
902 Milieu Therapy  
903 Play Therapy  
909 Other  
910 Psychology/Psychiatry Services  
911 Rehabilitation  
912 Day Care  
913 Night Care  
914 individual Therapy  
915 Group Therapy  
916 Family Therapy  
917 Bio Feedback  
918 Testing  
919 Other  
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology  
\*\*\*490 Ambulatory Surgery  
\*\*\*499 Other Ambulatory Surgery  
\*\*\*510 Clinic  
\*\*\*511 Chronic Pain Center  
\*\*\*512 Dental Clinic  
\*\*\*519 Other Clinic  
530 General Osteopathic Services  
531 Osteopathic Therapy  
539 Other Osteopathic Therapy  
560 Medical Social Services  
700 Cast Room-General  
709 Cast Room-Other  
750/759 Gastro-Intestinal Services  
890/899 Other Donor Bank  
891 Bone Donor  
892 Organ Donor  
893 Skin Donor

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**PART C. REVENUE CODE MAPPINGS**

950 OTHER (Continued):

920/929 Other Diagnostic Services  
921 Peripheral Vascular Lab  
940/949 Other Therapeutic Services  
941 Recreational Therapy  
942 Educational Therapy  
943 Cardiac Rehabilitation  
960 General Professional Fees  
962 Opthamology  
969 Other Professional Therapy  
984 Medical Social Services  
987 Hospital Visit  
988 Consultation  
989 Private Duty Nurse

\*\*\*Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

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**PART C. REVENUE CODE MAPPINGS**

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services  
520 Free Standing Clinic  
530 Osteopathic Services  
550 Skilled Nursing  
570 Home Health Aid  
580 Other Visits (Home Health)  
590 Units Of Service (Home Health)  
600 Oxygen (Home Health)  
640 Home IV Therapy Services  
660 Respite Care (HHA only)  
820 Hemodialysis-Outpatient or Home  
830 Peritoneal Dialysis-Outpatient or Home  
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home  
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home  
860 Reserved for Dialysis (National Assignment)  
870 Reserved for Dialysis (National Assignment)  
990 Patient Convenience Items